

EXHIBIT 3

*The Seaman's
Authority*

REPORT OF PERSONAL INJURY (ON SSA PROPERTY)



☒ PASSENGER/PATRON ☐ VESSEL EMPLOYEES (JONES Act)

☒ VESSEL ☐ PARKING LOT ☐ TERMINAL AREA ☐ OTHER (Explain Below)

NAME: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ PHONE: _____

Date of Birth: _____ 98 Marital Status: _____ SSA Occupation: _____

Nearest relative/relationship: (To be filled out by Passengers/Patrons only)
Name: _____ Address: _____

INJURY INFORMATION

DATE OF INJURY: 7/14/2011 TIME: 12:50 AM ☒ PM

LOCATION: _____
VESSEL: MV MASTHA 10-254-4P # _____ Terminal: _____ Parking Lot: _____ Bus # _____
Other: _____

Describe how injury occurred:
wind blew weather deck door closed on left hand (knuckles).

Witness, if any: None Reported to: Joe Guza Date: 7/14/2011

Describe injuries, if any: swollen knuckles of index & middle finger;
abrasion of skin on inside of same knuckles of left hand.

Was ambulance called? no If YES, was injured party transported to hospital? _____, If YES, hospital name & address: _____

Did injured party make a statement as to cause of accident, if YES, what statement and to whom? yes; told prior to;
Ferguson that wind blew door closed onto left hand of girl.

CREW MEMBER/EMPLOYEE:

Did the employee return to work? _____, If YES - When _____

Additional remarks: _____

Injured Seaman must sign here: _____

Date: _____

If injury was on vessel, report is to be signed by Master of Vessel, otherwise Agent, Manager or Supervisor.

Signature: Mark Young Position: Pilot Date: 7/14/11

REVISED 8-2005

ROUTING: White - Human Resources Office
Cenary - Injured Party
Pink - Preparer

SSA 805

Emailed to MSC
7/15/11

*The Steamship
Authority*REPORT OF PERSONAL INJURY
(ON SSA PROPERTY)

<input checked="" type="checkbox"/> PASSENGER/PATRON	<input type="checkbox"/> VESSEL EMPLOYEES (JONES Act)
<input checked="" type="checkbox"/> VESSEL	<input type="checkbox"/> PARKING LOT
<input type="checkbox"/> TERMINAL AREA	<input type="checkbox"/> OTHER (Explain Below)
NAME: _____	
MAILING ADDRESS: _____	
CITY: _____	STATE: _____ ZIP: _____ PHONE: _____
Date of Birth: _____ '98	Marital Status: _____ SSA Occupation: _____
Nearest relative/relationship: (To be filled out by Passengers/Patrons only)	
Name: _____ (Parents)	Address: _____ (same)
DATE OF INJURY: 7/19/2011	
TIME: 2020 AM/PM	
VESSEL: MV Island Home	LOCATION: _____
Other: _____	Trip # _____ Terminal: _____ Parking Lot: _____ Bus # _____
Describe how injury occurred: Fingers on right hand caught on closing door. (on level VH end STBD side) Another passenger let go of door causing it to suddenly close	
Witness, if any: _____	Reported to: _____ Date: _____
Describe injuries, if any: First, middle & ring finger tips cut & bruised.	
Was ambulance called? NO If YES, was injured party transported to hospital? _____ If YES, hospital name & address: _____	
Did injured party make a statement as to cause of accident. If YES, what statement and to whom? Another passenger let go of open door causing it to slam on hand	
CREW MEMBER/EMPLOYEE:	
Did the employee return to work? _____ If YES - When _____	
Additional remarks: 3 parents present and will take him to Vineyard Hospital	
Injured Seaman must sign here: _____ Date: _____	
If injury was on vessel - report is to be signed by Master of Vessel, otherwise Agent, Manager or Supervisor.	
Signature: [Signature] (BEAUBOIN)	Position: Pilot Date: 7/19/2011

REVISED 8-2005

JUL 20 2011
40 MSCROUTING: White - Human Resources Office
Caucy - Injured Party
Pink - Preparer

SSA 805

2

*The Steamship
Authority*

REPORT OF PERSONAL INJURY (ON SSA PROPERTY)



<input checked="" type="checkbox"/> PASSENGER/PATRON	<input type="checkbox"/> VESSEL EMPLOYEES (JONES Act)		
VESSEL	PARKING LOT	TERMINAL AREA	<input checked="" type="checkbox"/> OTHER (Explain Below)
NAME: _____			
MAILING ADDRESS: _____			
CITY: _____	STATE: _____	ZIP: _____	PHONE: _____
Date of Birth: _____	Marital Status: _____		SSA Occupation: _____
Nearest relative/relationship: (To be filled out by Passengers/Patrons only)			
Name: _____		Address: _____	
DATE OF INJURY: 6/14/12		TIME: 1800 AM/PM	
VESSEL: M/V ISLAND HOME Trip # _____		LOCATION: _____	
Other: _____		Terminal: _____ Parking Lot: _____ Bus # _____	
Describe how injury occurred: TRYING TO HOLD DOOR OPEN FOR ANOTHER PASSENGER. DOOR CLOSED ON LEFT MIDDLE FINGER (DOOR ON PORT FWD OI DECK LEADING TO THE LIFT DECK)			
Witness, if any: (6 ft injury) TED SHERMAN		Reported to: PURSER Date: 6/14/12	
Describe injuries, if any: DEED CUT WITH SKIN TORN BACK, SWELLING AS WELL			
Was ambulance called? NO If YES, was injured party transported to hospital? If YES hospital name & address: _____			
Did injured party make a statement as to cause of accident if YES what statement and to whom? YES, DOOR CLOSED ON FINGER. to PURSER - CHRIS ROBBINS			
CREW MEMBER/EMPLOYEE:			
Did the employee return to work? If YES, When: _____			
Additional remarks: _____			
Prepared by SSA personnel: CHRIS ROBBINS Position: PURSER Date: 6/14/12			
If injury was on vessel - report is to be signed by Master of Vessel, otherwise Agent, Manager or Supervisor.			
Signature: William J. Boyette		Position: MATE Date: 6/14/12	

ROUTING: While & Yellow - To Personnel Department
Personnel will send Yellow to Insurance Company
Pink - Injured
Gold - Preparation

SSA 805

3

*The Steamship
Authority*

**REPORT OF PERSONAL INJURY
(ON SSA PROPERTY)**



<input type="checkbox"/> PASSENGER/PATRON	<input type="checkbox"/> VESSEL EMPLOYEES (JONES Act)
<input checked="" type="checkbox"/> VESSEL	<input type="checkbox"/> PARKING LOT <input type="checkbox"/> TERMINAL AREA <input type="checkbox"/> OTHER (Explain Below)
NAME: _____	
MAILING ADDRESS: _____	
CITY: _____	STATE: _____ ZIP: _____ PHONE # _____
Date of Birth: _____	Marital Status: <u>S</u> SSA Occupation: _____
Nearest relative/relationship: (To be filled out by Passengers/Patrons only)	
Name: _____	Address: <u>Some</u>
DATE OF INJURY: <u>6/23/12</u> TIME: <u>2015</u> AM / PM	
VESSEL: MV <u>Rentucke</u> Trip # _____ LOCATION: _____	
Terminal: _____ Parking Lot: _____ Bus # _____	
Other: _____	
Describe how injury occurred: <u>The door closed on your left hand & finger as you reached to grab it - on freight deck</u>	
Witness, if any: <u>Bridget Bryant</u> Reported to: <u>Mike Murnan</u> Date: <u>6/23/12</u>	
Describe injuries, if any: <u>swollen - applied ice pack</u>	
Was ambulance called? <u>NO</u> If YES, was injured party transported to hospital? _____ If YES, hospital name & address: _____	
Did injured party make a statement as to cause of accident, If YES, what statement and to whom? <u>a BWC</u>	
CREW MEMBER/EMPLOYEE:	
Did the employee return to work? _____ If YES - When _____	
Additional remarks: _____	
Injured Seaman must sign here: _____ Date: _____	
If injury was on vessel, report is to be signed by Master of Vessel, otherwise Agent, Manager or Supervisor.	
Signature: <u>[Signature]</u>	Position: <u>CAPTAIN</u> Date: <u>6/23/12</u>

M. Murnan pers
REVISED 8-2005

ROUTING: While - Human Resources Office
Canary - Injured Party
Pink - Preparer

ENTERED
SP

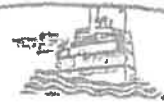
JUN 25 2012

SSA 805

*The Steamship
Authority*

**REPORT OF PERSONAL INJURY
(ON SSA PROPERTY)**

See Litigation file



☒ PASSENGER/PATRON ☐ VESSEL EMPLOYEES (JONES Act)

☒ VESSEL ☐ PARKING LOT ☐ TERMINAL AREA ☐ OTHER (Explain Below)

NAME: [REDACTED] *← Mother*

MAILING ADDRESS: [REDACTED]

CITY: [REDACTED] STATE: [REDACTED] ZIP: [REDACTED] PHONE #: [REDACTED]

Date of Birth: [REDACTED] Marital Status: S SSA Occupation: N/A

Nearest relative/relationship: (To be filled out by Passengers/Patrons only)

Name: _____ Address: _____

INJURY INFORMATION

DATE OF INJURY: 12/23/12 TIME: 8:30 AM PM

VESSEL: M/V Nantucket Trip # _____ LOCATION: _____

Terminal: _____ Parking Lot: _____ Bus # _____

Other: _____

Describe how injury occurred: [REDACTED] ← INJURED PARTY

my daughter went to the Bathroom and got her finger stuck in the door.

Witness, if any: Fred Hurley Reported to: Purser Date: 12/23/12

Describe injuries, if any: finger is blue & torn Right thumb

Was ambulance called? NO If YES, was injured party transported to hospital? _____ YES, hospital name & address: _____

Going to my hospital by personal vehicle

Did injured party make a statement as to cause of accident, if YES, what statement and to whom? _____

CREW MEMBER/EMPLOYEE:

Did the employee return to work? _____, If YES - When _____

Additional remarks:

GIRL WAS ABOUT 10 TO 12 YRS. OLD

Injured Seaman must sign here: _____

Date: _____

If injury was on vessel - report is to be signed by Master of Vessel, otherwise Agent, Manager or Supervisor.

Signature: [Signature]

Position: Master

Date: 12/23/12

REVISED 8-2005

ROUTING White - Human Resources Office
Canary - Injured Party
Pink - Prepare

Robert S. [Signature]

SSA 805

*E-Mailed to
MSC 12/24/12*

5

*The Steamship
Authority*

REPORT OF PERSONAL INJURY (ON SSA PROPERTY)



<input checked="" type="checkbox"/> PASSENGER/PATRON	<input type="checkbox"/> VESSEL EMPLOYEES (JONES Act)
<input checked="" type="checkbox"/> VESSEL	<input type="checkbox"/> PARKING LOT
<input type="checkbox"/> TERMINAL AREA	<input type="checkbox"/> OTHER (Explain Below)
NAME: [REDACTED]	
MAILING ADDRESS: [REDACTED]	
CITY: [REDACTED]	STATE: [REDACTED] ZIP: [REDACTED] PHONE #: [REDACTED]
Date of Birth: [REDACTED]	Marital Status: [REDACTED] SSA Occupation: [REDACTED]
Nearest relative/relationship: (To be filled out by Passengers/Patrons only)	
Name: [REDACTED]	Address: [REDACTED]

INJURY INFORMATION

DATE OF INJURY: <u>OCT 17, 2013</u>	TIME: <u>1:345</u> AM / PM
VESSEL: <u>M/V Tel. Home</u>	LOCATION: [REDACTED]
Other: [REDACTED]	Terminal: [REDACTED] Parking Lot: [REDACTED] Bus #: [REDACTED]
Describe how injury occurred: <u>V.H. ENO - returned from bow on (port) was holding door open for wife - wind caught + slammed 4 left hand knuckle</u>	
Witness, if any: <u>Elizabeth GLASIER</u>	Reported to: <u>619 417 9534</u> Date: [REDACTED]
Describe injuries, if any: <u>bruised + swollen knuckle - shift ring finger has mark - index finger mark</u>	
Was ambulance called? <u>NO</u>	If YES, was injured party transported to hospital? <u>NO</u> If YES, hospital name & address: [REDACTED]
Did injured party make a statement as to cause of accident? If YES, what statement and to whom? <u>WIND CAUSED DOOR TO SLAM</u> <u>hurt</u>	

CREW MEMBER/EMPLOYEE:

Did the employee return to work? [REDACTED] If YES - When [REDACTED]

Additional remarks:

gave ice pack OUCH !!! - (by request of passenger)

Prepared by SSA personnel: Murner Position: purser Date: 10/17/13

If injury was on vessel - report is to be signed by Master of Vessel, otherwise Agent, Manager or Supervisor.

Signature: [Signature] Position: CAPTAIN Date: 10/17/2013

ROUTING: White & Yellow - To Personnel Department

1 (R R A m m)

*The Steamship
Authority*

See Litigation File

**REPORT OF PERSONAL INJURY
(ON SSA PROPERTY)**



<input checked="" type="checkbox"/> PASSENGER/PATRON		<input type="checkbox"/> VESSEL EMPLOYEES (JONES Act)	
<input checked="" type="checkbox"/> VESSEL	<input type="checkbox"/> PARKING LOT	<input type="checkbox"/> TERMINAL AREA	<input type="checkbox"/> OTHER (Explain Below)
NAME: _____			
MAILING ADDRESS: _____			
CITY: _____	STATE: _____	ZIP: _____	PHONE: _____
Date of Birth: <u>12/006</u>		Marital Status: <u>S</u> SSA Occupation: _____	
Nearest relative/relationship: (To be filled out by Passengers/Patrons only)			
Name: _____		Address: _____	
DATE OF INJURY: <u>AUGUST 29, 2014</u>		TIME: <u>1545</u> AM <input checked="" type="radio"/> PM <input type="radio"/>	
VESSEL: <u>MV NANTUCKET</u> Trip # <u>1730 DSP</u>		LOCATION: _____	
Other: _____		Terminal: _____ Parking Lot: _____ Bus # _____	
Describe how injury occurred: <u>YOUNG BOY CRASHED FINGER IN PORT SIDE OF DOOR, LUNCH ROOM DOOR LEADING TO OUTSIDE WOODEN DECK</u>			
Witness, if any: _____		Reported to: <u>RAISEN</u> Date: _____	
Describe injuries, if any: <u>LOOSED RIGHT HAND INDEX FINGER</u>			
Was ambulance called? <u>NO</u> If YES, was injured party transported to hospital? _____ If YES, hospital name & address: _____			
Did injured party make a statement as to cause of accident, if YES, what statement and to whom? <u>TO RAYMOND BARRY TOLLEN</u>			
CREW MEMBER/EMPLOYEE:			
Did the employee return to work? _____ If YES - When _____			
Additional remarks: _____			
Injured Seaman must sign here: _____		Date: _____	
If injury was on vessel - report is to be signed by Master of Vessel, otherwise Agent, Manager or Supervisor.			
Signature: <u>[Signature]</u>		Position: <u>PILOT</u>	Date: <u>5/27/14</u>

ROUTING: White - Human Resources Office
Canary - Injured Party
Pink - Preparer

REVISED 8-2005

SEP 6 2014
MSE

SSA 805

*The Seaman's
Authority*

REPORT OF PERSONAL INJURY (ON SSA PROPERTY)



<input checked="" type="checkbox"/> PASSENGER/PATRON	<input type="checkbox"/> VESSEL EMPLOYEES (JONES Act)
<input checked="" type="checkbox"/> VESSEL	<input type="checkbox"/> PARKING LOT
<input type="checkbox"/> TERMINAL AREA	<input type="checkbox"/> OTHER (Explain Below)

NAME: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ PHONE #: _____

Date of Birth: _____ Marital Status: _____ SSA Occupation: _____

Nearest relative/relationship: (To be filled out by Passengers/Patrons only)

Name: _____ Address: _____

DATE OF INJURY: 4-7-15 TIME: 12:15 AM/PM PM

LOCATION: _____

VESEL: MV NAUTICAL Trip # 12:00 Terminal: _____ Parking Lot: _____ Bus # _____

Other: _____

Describe how injury occurred: WHILE JULIA WAS LEAVING RESTROOM
CAUGHT LEFT THUMB IN RESTROOM DOOR
AND DAMAGED

Witness, if any: _____ Reported to: _____ Date: _____

Describe injuries, if any: TIP OF LEFT THUMB SWELLED AND
BLACK + BLUE

Was ambulance called? No If YES, was injured party transported to hospital? _____ If YES, hospital name & address: _____

Did injured party make a statement as to cause of accident, if YES, what statement and to whom?
CAUGHT IN DOOR

CREW MEMBER/EMPLOYEE: _____

Did the employee return to work? _____ If YES - When _____

Additional remarks: _____

Injured Seaman must sign here: _____ Date: _____

If injury was on vessel - report is to be signed by Master of Vessel, otherwise Agent, Manager or Supervisor.

Signature: [Signature] Position: Pilot Date: 4-7-15

Sean Burke

REVISED 8-2005

ROUTING: White - Human Resources Office
Canary - Injured Party
Pink - Preparer

SSA 805

8

*No Steamship
Authority*

REPORT OF PERSONAL INJURY (ON SSA PROPERTY)



<input checked="" type="checkbox"/> PASSENGER/PATRON	<input type="checkbox"/> VESSEL EMPLOYEES (JONES Act)
<input checked="" type="checkbox"/> VESSEL	<input type="checkbox"/> PARKING LOT
<input type="checkbox"/> TERMINAL AREA	<input type="checkbox"/> OTHER (Explain Below)
NAME: _____	
MAILING ADDRESS: _____	
CITY: _____	STATE: _____ ZIP: _____ PHONE: _____
Date of Birth: _____	Marital Status: <u>S</u> SSA Occupation: _____
Nearest relative/relationship: (To be filled out by Passengers/Patrons only)	
Name: _____	Address: _____
DATE OF INJURY: <u>5/10/15</u> TIME: <u>12:31</u> AM/PM <u>PM</u>	
VESSEL: MV <u>MV</u>	LOCATION: _____
Trip # _____	Terminal: _____
Other: _____	Parking Lot: _____ Bus # _____
Describe how injury occurred: <u>Lunch counter door - STBD side FWD</u> <u>caught by wind - left hand index finger caught</u>	
Witness, if any: <u>Above</u>	Reported to: _____ Date: _____
Describe injuries, if any: <u>very tip of finger caught (length</u> <u>of fingernail) - severe</u>	
Was ambulance called? <input type="checkbox"/>	If YES, was injured party transported to hospital? <input checked="" type="checkbox"/> If YES, hospital name & address: _____
Did injured party make a statement as to cause of accident, if YES, what statement and to whom? <u>yes - to Purser J. Keefe and Pilot J. Sepanow</u>	
CREW MEMBER/EMPLOYEE:	
Did the employee return to work? _____	If YES - When _____
Additional remarks: _____	
Injured Seaman must sign here: _____ Date: _____	
If injury was on vessel - report is to be signed by Master of Vessel, otherwise Agent, Manager or Supervisor.	
Signature: <u>John M. Sepanow</u>	Position: <u>Pilot</u> Date: <u>5/10/15</u>

REVISED 8-2005

ROUTING: White - Human Resources Office
 Canary - Injured Party
 Pink - Preparer

SSA 805

9

*The Steamship
Authority*

REPORT OF PERSONAL INJURY (ON SSA PROPERTY)



<input checked="" type="checkbox"/> PASSENGER/PATRON	<input type="checkbox"/> VESSEL EMPLOYEES (JONES Act)		
<input checked="" type="checkbox"/> VESSEL	PARKING LOT	<input type="checkbox"/> TERMINAL AREA	OTHER (Explain Below)
NAME: _____			
MAILING ADDRESS: _____			
CITY: _____	STATE: _____	ZIP: _____	PHONE #: _____
Date of Birth: _____	Marital Status: _____		SSA Occupation: _____
Nearest relative/relationship: (To be filled out by Passengers/Patrons only)			
Name: _____		Address: _____	
DATE OF INJURY: <u>July 12 2015</u>		TIME: _____ AM / PM	
VESSEL: <u>M/V Island Home</u> Trip # _____		LOCATION: _____	
Other: _____		Terminal: _____	Parking Lot: _____ Bus # _____
Describe how injury occurred: <u>Daughter got fingers caught in Door</u>			
Witness, if any: <u>None</u>		Reported to: <u>1 Fris. no</u> Date: <u>July 12 2015</u>	
Describe injuries, if any: <u>Fingers - Hand covered with Ice.</u>			
Was ambulance called? <u>No</u> If YES, was injured party transported to hospital? _____ If YES, hospital name & address _____			
Did injured party make a statement as to cause of accident, if YES, what statement and to whom? <u>Front B. door caught Daughters fingers in Door</u>			
CREW MEMBER/EMPLOYEE: _____			
Did the employee return to work? _____		If YES - When _____	
Additional remarks _____			
Prepared by SSA personnel: <u>S Robbins</u>		Position: <u>Pilot</u>	Date: <u>7/12/2015</u>
If injury was on vessel - report is to be signed by Master of Vessel, otherwise Agent, Manager or Supervisor.			
Signature: <u>[Signature]</u>		Position: <u>Captain</u>	Date: <u>7-12-15</u>

3. Vailed to USC + registered
security video 7/13/15.

ADDITIONAL White & Yellow To Personnel Department
Personnel will send Yellow To Insurance Company
Lost & Found To _____

SSA 002